

INSTRUCTIONS FOR THE SHIFT-CIVILIAN PERSONNEL EMERGENCY ACTIVITY RECORD - FORM-78

1. **AGENCY DESIGNATOR:** The State 2-letter designator will need to be completed for the first two blocks as follows (CA, NV, AZ, NM, CO, ID, OR). The next three blocks are for your department's 3-letter identifier as listed in the Field Operations Guide (FOG) ICS 420-1, Appendix B. Do NOT use the Operational Area (County) code (XLA, XOR, XTB).
2. **STRIKE TEAM/TASK FORCE NUMBER:** The F-78 is specifically for overhead personnel use. Indicate "OVERHEAD" in this box.
3. **INCIDENT ORDER NUMBER:** A unique identifier assigned to each incident. Assigned at time of incident occurrence, includes the two-letter State designator, the 3-letter identifier of the ordering agency, forest, or unit, and a sequential 6-digit incident number. (Example: CA-ANF-014321, NV-HTF-001128).
4. **INCIDENT REQUEST NUMBER:** A unique identifier for the resource (A, C, E, O, or S) requested for the incident. The 3-letter identifier preceding the Request Number indicates the agency financially responsible for the resource. (Example: BDU O-276) Overhead would use the "O" identifier.

5. **DISPATCH INFORMATION:**

Incident Name: Name of the incident.
Reporting Location: Location of the Incident.
Overhead ICS Title: REQUIRED. Enter the ICS position title and/or code, (e.g. Food Unit Leader FDUL, Division Group Supervisor DIVS, etc.).
Incident Boxes: "Complex" is the term applied to a series of large fires or incidents in close proximity. "Mobilization Center" is an off-incident location where personnel and equipment are temporarily located pending assignment, release, or reassignment.
Committed to Incident: Time and Date resource responded to the incident, complex, or mobilization center. Use 24-hour clock (military time)
Return from Incident: Time and Date resource will arrive at its final destination (home base). Use 24-hour clock (military time).
Redispatched: If resource was re-dispatched to another incident/mobilization center before returning to home station, do not fill in return time. Go to Box 6. and indicate the New Incident Order and Request Numbers, the Redispatch Time and Date, and start a new Cal EMA F-78. Ensure information is correct. Use 24-hour clock (military time).

6. **DISPATCH FROM:** REQUIRED if a resource was on an incident prior to the current incident (current F-78). Enter the Old Incident Order and Request Numbers.

REDISPATCHED INFORMATION: REQUIRED if a resource is re-dispatched. Enter the new Order and Request Number(s) and start a new Cal EMA F-78 with the new Order and Request Numbers. Indicate the name of the incident you were dispatched from.

7. **PERSONNEL INFORMATION:** List the name and **home agency position title (Not ICS Title)** of personnel, including the last 4 digits of their social security number.

Shift Time Reporting: Record your daily shifts starting on the left column working down, and continue to the next column as needed. The first shift should begin with the committed date and time (on-shift) until your shift ends (off-shift). Indicate the total number of hours for that day (fractional hours at 15-minute increments).

Shift Approver: Your incident immediate work supervisor **must** approve your time **at the end of each shift** by initialing the Approver box, (Example: a Mechanic's shift would be approved by the Ground Support Unit Leader).

If additional space is required, use a new F-78, indicate page number at top left corner ("Page 2 of 2"), and attach to original.

8. **SUPPORT VEHICLE:** Reimbursement payment is based on the vehicle type and who owns the vehicle. Be sure to check the appropriate box for your vehicle and to record the License number (**if license number is not available, use VIN or Serial #**). The "OTHER" box/line is to be used when the vehicle being described is not covered by the listed boxes (e.g. utility, etc.).

PRIVATELY OWNED VEHICLE MILEAGE: Enter the beginning odometer reading at the time of commitment, ending odometer reading at the time of return or redispatch from the incident, and the total miles traveled for this incident. **POV license number is REQUIRED.** Payment is based on mileage.

9. **RESPONDING AGENCY INFORMATION:** To be completed by the department/agency resource responding. Include the contact phone number.

10. **INCIDENT INFORMATION:** To be completed by the designated incident personnel. Check appropriate box for jurisdiction of fire.

The F-78 must be signed by the Designated Incident Personnel and by the on-scene Cal EMA Agency Representative (if assigned).

PLEASE PROVIDE EXPLANATION OF ANY CHANGES OR CORRECTIONS, PRINT NAME, TITLE, AND SIGN